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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/036,870 Confirmation No.: 5200 2006 AUG -2 PM 4:03  
Applicant : Joseph Smallcomb  
Filed : December 26, 2001 Examiner: Yang, Lina  
TC/A.U. : 2665  
For : METHOD AND APPARATUS FOR TIMING RECOVERY IN AN  
OFDM SYSTEM

US PATENT & TRADEMARK  
OFFICE

TRANSMITTAL LETTER

MAIL STOP  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please find enclosed for filing:

Request for Refund (1 Page)  
 Copy of Fee Worksheet, PTO-875, dated May 4, 2006 (Retrieved from PAIR) (2 Pages)  
 Other: (1) Postcard

Please credit any overpayment to Deposit Account No. 50-0951.

Respectfully submitted,

Date: July 25, 2006

Docket No. 7042-4

/Pablo Meles/

Pablo Meles, Reg. No. 33,739  
AKERMAN SENTERFITT  
P.O. Box 3188  
West Palm Beach, FL 33402-3188  
Telephone: (954) 759-8959

{FT331951;1}

Certificate Under 37 CFR § 1.8(a)  
I hereby certify that this correspondence is being mailed to the United States Patent and Trademark Office, Mail Stop:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 25, 2006

Date

/Pablo Meles/

Pablo Meles, Reg. No. 33,739



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/036,870 Confirmation No.: 5200  
Applicant : Joseph Smallcomb  
Filed : December 26, 2001 Examiner: Yang, Lina  
TC/A.U. : 2665  
For : METHOD AND APPARATUS FOR TIMING RECOVERY IN AN OFDM SYSTEM

REQUEST FOR REFUND

MAIL STOP  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

On May 4, 2006, Applicants timely filed a Response to Office Action dated March 16, 2006 in the above-identified application. It has come to the attention of our Accounting Department that Deposit Account No. 50-0951 has been charged, on June 16, 2006, with the amount of \$60.00 for fees in connection with a First Month – Extension for Response within First Month that was never requested.. In support of the above, Applicants enclose a copy of the Fee Worksheet (PTO-875) in connection with the Response filed on May 4, 2006.

Applicants respectfully request, if appropriate, a Refund in the amount of \$60.00 in regards to the Response timely filed on May 4, 2006. Please credit the refund to Deposit Account No. 50-0951 and submit notice of such refunds to the undersigned counsel.

Respectfully submitted,

Date: July 25, 2006

Docket No. 7042-4

/Pablo Meles/

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July 25, 2006

Date

/Pablo Meles/  
Pablo Meles, Reg. No. 33,739

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

JUL 27 2006

Application or Docket Number

10036870

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	13	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	0
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=	12	OR X\$4=	
+140=		OR +280=	
TOTAL	412	OR TOTAL	

**Y3/06 CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20	-
Independent	4	Minus	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X\$4=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20	-
Independent	4	Minus	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X\$4=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20	-
Independent	4	Minus	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X\$4=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Adjustment date: 08/15/2006 SDIRETAL  
06/16/2006 JDOBBS 00000002 500951 10036870  
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